SECTION
ELIGIBILITY FOR SERVICES

SUBJECT
Prior Authorization by the Mental Health Services Bureau

DEFINITION

Prior authorization by the Mental Health Services Bureau (MHSB) means approval to exceed limits for payment of certain services before they are rendered. Prior authorization by the MHSB is different from prior authorization required for HCBS provider payment processing by the Case Management Team (CMT). For provider payment requirements, refer to MHSB 899-22 and 699-5.

REQUIREMENT

The CMT must request prior authorization when an individual requires services in excess of program limits for:

1. Person-Centered Recovery Plan over cost limit; except when cost plan reflects maximum daily rate in adult residential facilities and CMT fees when plan is over cost as a result of daily rate and CMT fees;

2. Specialized Medical Equipment or Supplies in excess of $5000. Refer to MHSB 899-22 (form DPHHS-SDMI-149).

PROCEDURE

All requests for prior authorization of excess services must be made on the Request for Prior Authorization (Form DPHHS-SDMI-149, refer to Appendix 899-22.) or on an Amendment (form DPHHS SDMI-141.) Authorization for provision of excess services or over cost plans of care is delegated to the Community Program Officer (CPO). The CMT must forward the Request for Prior Authorization Form to the CPO. If the CPO concurs, the CPO will sign and return the request to the CMT. If the CPO does not concur, the reasons for non-concurrence will be documented on the Request for Prior Authorization. Requests for exceptions to the maximum Person-Centered Recovery Plan cost limit should include a copy of the proposed Person-Centered Recovery Plan and Person-Centered Recovery Plan Cost Sheet. The DPHHS-SDMI-149 "Narrative and Justification" section must provide detailed information regarding the consumer's need for excess services.

AUTHORIZATION FOR EXCESS SERVICES

The responsibility for approving requests for over cost plans of care and specialized medical equipment and supplies is delegated to the CPO, who will consider the following:

1. If provision of excess services can be made while staying within the Person-Centered Recovery Plan cost limit.

2. Whether any State Plan services or Community First Choice services could be used as an alternative.

3. Whether all other options have been exhausted.

4. Whether the MHSB bureau has sufficient funds.

AUTHORIZATION OF OVER COST

The CPO is responsible for reviewing and approving requests for costs over the Person-Centered Recovery Plan cost limit. Authorization for over cost will be made by considering the following criteria:

1. The service making the consumer exceed costs is a one-time purchase, e.g., specialized medical equipment or environmental modification.

2. Intensive services for 90 days or less:

    a. to resolve a crisis situation which threatens the health and safety of the individual;

    b. to stabilize the individual following hospitalization or an acute medical episode; and

    c. to prevent institutionalization during the absence of the unpaid caregiver.

The Home and Community Based Services Program is not an entitlement program. It is important for the CMT to arrange for services within the Person-Centered Recovery Plan cost limit to keep the program from exceeding any state funding limitations.